

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/673735</i>	FILING DATE		
						CLAIMS			
CL.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51		
2		/		/			52		
3		2		1			53		
4		0		1			54		
5		0		1			55		
6		0		1			56		
7		0		1			57		
8		0		1			58		
9		0		1			59		
10		0		1			60		
11		0		1			61		
12		0		1			62		
13		0		1			63		
14		0		1			64		
15		0		1			65		
16		0		1			66		
17		0		1			67		
18		0		1			68		
19		0		1			69		
20		0		1			70		
21		0		1			71		
22		0		1			72		
23		0		1			73		
24		0		1			74		
25		0		1			75		
26		0		1			76		
27		0		1			77		
28		0		1			78		
29		0		1			79		
30		0		1			80		
31		0		1			81		
32		0		1			82		
33		0		1			83		
34		0		1			84		
35		0		1			85		
36		0		1			86		
37		0		1			87		
38		0		1			88		
39		0		1			89		
40		0		1			90		
41		0		1			91		
42		0		1			92		
43		0		1			93		
44		0		1			94		
45		0		1			95		
46		0		1			96		
47		0		1			97		
48		0		1			98		
49		0		1			99		
50		0		1			100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			26				TOTAL DEP.		
TOTAL CLAIMS			38				TOTAL CLAIMS		